THE

JOURNAL

OF THE

NATIONAL ASSOCIATION of CHIROPODISTS

PODIATRISTS

THE OFFICIAL PUBLICATION OF THE PROFESSION

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No. 5

THIRTY-FIRST ANNUAL
CONVENTION
MINNEAPOLIS
AUGUST 15-20, 1942

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OFFICIAL NOTICE

ANNUAL CONVENTION
NATIONAL ASSOCIATION OF CHIROPODISTS, INC.

Minneapolis, Minnesota, August 15, 16, 17, 18, 19, and 20th, 1942

To Affiliated Societies:

In compliance with Article VI, Section 2 of the Constitution and By-Laws, you are hereby notified that the Thirty-First Annual Convention of the National Association of Chiropodists, and the Twenty-Third Annual Session of the House of Delegates will be held at the Nicollet Hotel, Minneapolis, Minnesota, from August 15th to August 20th, 1942, for the purpose of receiving the reports of officers and committees, for the annual election of officers, for action upon regularly offered amendments to the Constitution and By-Laws, and for such other business as may come before them.

In accordance with instructions issued by the Twenty-Second House of Delegates, the Council has set Monday, August 17th, 1942, at 2 P.M., for the first session of the Twenty-Third House of Delegates. In compliance with Article IV of the Constitution, your society is entitled to representatives in the House of Delegates in the ratio of one delegate for each hundred members or fraction thereof whose annual per capita assessment is forwarded to the National Secretary on or before July 1st, 1942. Special instructions will be forwarded such designated representatives upon receipt of the annual per capita assessment.

The authority of each such representative or alternate representatives shall be evidenced by a certificate signed by the president and secretary of the affiliated society which certificate will be forwarded to such designated representatives at a later date from the office of the National Secretary. Credential certificates must be presented to the Credential Committee, at 12 o'clock noon on August 15th, 1942, or as soon after as is possible. No representative or alternate representative will be seated as a member of the Twenty-Third House of Delegates until his credentials have been approved by the Committee. Each person, whether or not a member, sixteen years of age or over, attending the convention shall register and pay a registration fee, set by the House of Delegates, in U. S. currency, and admission to clinics, lectures, and all other convention activities will be refused to those not so registered.

Each affiliated state society is urged to send as large a delegation as possible in addition to the accredited representatives and alternates to the House of Delegates. A cordial invitation is also extended to all members and non-member chiropodists located in states where no affiliated society exists.

Hotel accommodations must be arranged through the Housing Committee, Dr. M. G. Lapierre, 318 LaSalle Medical Building, Minneapolis, Minnesota, on or before August 15, 1942.

Dated: May 1st, 1942

Signed: R. W. DYE
President

ATTEST
WILLIAM J. STICKEL,
Executive Secretary.

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VOLUME 32 MAY, 1942 NUMBER 5

CHIROPODY AND VICTORY—MINNEAPOLIS 1942

GEARED to America's war effort, a complete streamlined program will greet visitors to the thirty-first annual convention of the National Association of Chiropodists in Minneapolis, August 15 to 20.

Completely divested of all unnecessary material, the program has been shortened to six days instead of seven and every minute will be utilized in a concentrated effort to lay before the assembly the most vital and significant problems now confronting our profession.

All meetings will be in Nicollet Hotel, finest in Minneapolis. This hotel provides ample space for exhibits and various scientific and business meetings as well as excellent room accommodations. Several other first class hotels in the city are available so that delegates need have no fear about housing facilities. For further information or reservations, write to Dr. M. G. Lapierre, 318 La Salle Medical Building, Minneapolis, Minn., housing chairman.

Both in a military and civilian sense, the United States is "on its feet" for 1942. With millions in the Armed Forces and other millions forced to cut down on automobile transportation, problems of chiropody were never more paramount than they are today. Consequently an unusually fine scientific program is being planned this year under direction of Dr. Harry Weinerman and Dr. Philip Legler, now in the United States Army. As Dr. Legler is stationed at Fort Snelling, Minn., just outside Minneapolis, he is able to devote considerable time to convention plans.

Other local committee members in Army service are Dr. Max Broude, general chairman, and Dr. C. Arthur Bell, convention secretary. Dr. M. S. Norvedt, vice-chairman, has taken over for Dr. Broude and Dr. R. H. Armagost is carrying out the secretary's duties.

Although this year's program will be somewhat condensed, some time will be devoted to relaxation and recreation. Entertainment plans are in the hands of Dr. E. E. Paradis. Reception arrangements are being made by Dr. Vera Cleaver, St. Paul, and Drs. Lapierre, William Goldsworthy, P. L. Tarara, E. B. Blackwood, F. E. Burdick and A. M. Nelson, Minneapolis. Mrs. S. E. Ray, Minnesota state auxiliary president, is directing meeting plans for the Ladies Auxiliary.

Convention finances are being handled by Dr. S. E. Ray, treasurer,

assisted by Dr. Hugo Gustafson and Dr. Frank Martin, state president. Dr. Martin also is in charge of publicity with Dr. Armagost aiding him. Dr. W. R. Bartig of Duluth is contact man for the House of Delegates.

State scientific exhibits committeemen are Drs. George W. Nelson, P. H. Winger, T. E. Graham, E. J. Gagnon and H. W. Leibold. Dr. William Stickel, Washington, D. C., is arranging the program and exhibits for N.A.C. Dr. I. W. Baumgaertner of St. Paul is program chairman.

GENERAL PROGRAM SUGGESTED FOR MINNEAPOLIS SESSION

THE FOLLOWING is a general outline of the allocation of time at the Minneapolis meeting:—

Saturday, August 15—Registration and scientific program.

Sunday, August 16—Scientific program.

Monday, August 17—House of Delegates and scientific program.

Tuesday, August 18—House of Delegates and scientific program. Official banquet in the evening.

Wednesday, August 19—Scientific program—Outing during the afternoon.

Thursday, August 20—Scientific program and conclusion.

The above arrangement has been approved with the provision that it may be altered to meet conditions related to hotel accommodations, transportation, and other unforeseen exigencies due to the war. Every professional organization in the United States has announced its determination to hold its annual convention this year. To our own National Association it is of the utmost importance that we endeavor to meet as in past years. A very fine program for the ladies is being planned by the Minnesota Auxiliary.

Set aside August 15-20 on your appointment book now.

CHIROPODISTS VIOLATE MEDICAL PRACTICE ACT

USE OF HEAT TREATMENT by Chiropodists.—Section 24 of the medical practice act of Illinois penalizes any person who holds himself out to the public as being engaged in the diagnosis or treatment of human ailments; or who suggests or prescribes any form of treatment for the cure or relief of any physical or mental ailments of any person with intent of receiving a fee or compensation therefor; or who shall diagnosticate, operate on, profess to heal or treat human ailments or maintain an office for such purpose, if he does not "then possess in full force and virtue a valid license issued by the authority of this state to practice the treatment of human ailments in any manner." The defendants, licensed chiropodists, were charged, in two separate suits which were later consolidated, with having violated the foregoing section in that they applied heat to a patient's arm and treated the blisters which resulted by the use of a hypodermic syringe, a surgical knife and the application of salve. The evidence showed that the complaining witness, accompanied by a friend, went to the defendants' shoe store and that one of the defendants wrapped a hose or cable around her shoulder, arm

and wrist and turned on a machine which produced heat. After heat had been applied for some time the cable or hose was removed and it was discovered that four or five blisters had resulted from the treatment. One of the defendants opened two of the blisters with a knife, applied a green salve, bandaged the arm and directed the patient not to remove the bandages for two or three hours. On completion of the treatment, the patient paid the defendant $5 to cover the initial treatment as well as one future treatment. Because of pain caused by the blisters, the patient returned to the defendants for treatment, one of whom then used a hypodermic syringe to draw liquid from the blisters, washed the burns, applied green salve to the sores and again bandaged the arm. From judgments of conviction, which were affirmed by the appellate court, the defendants appealed to the Supreme Court of Illinois.

The defendants first contended that, since they were licensed to practice chiropody, they were not persons who did not possess a license to treat human ailments "in any manner," and were therefore not violating section 24. The Supreme Court held that the defendants had clearly misconstrued the words "in any manner." Those words, said the court, require a person to have a valid license to practice the treatment of human ailments in the manner in which such treatment is practiced. The construction urged by the defendants, continued the court, would authorize a licensed chiropodist to practice surgery, or even the most intricate branches of medical treatment, simply by virtue of his chiropody license. The court therefore held, in effect, that, since the defendants were not licensed to practice as they did, it did not matter what other acts they were entitled to perform. The defendants next contended that a mere isolated instance of treatment did not prove that they were engaged in the practice of medicine. The Supreme Court said, however, that the acts enumerated in section 24 were in the disjunctive and that the commission of any one of them, without possessing the proper license, was a violation of the law. Finally, the defendant contended that the evidence was not sufficient to prove them guilty beyond a reasonable doubt. The Supreme Court held that the trial judge and jury had seen and heard the witnesses and were in a better position to determine their credibility. The mere fact that the defendants' evidence was contradictory to that of the state, said the court, constitutes no grounds for reversal. The judgments of conviction were therefore sustained. *People v. Friedman (two cases), 29 N. E. (2d) 89 (Ill., 1940).*

From J.A.M.A., April 18, 1942

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HOW WILL THE WAR AFFECT THE CHIROPODIST?

DR. HOWARD L. CHAPMAN, Editor
Tenth Zone Bulletin, Shreveport, La.

OF COURSE, if you are about to be drafted, or are already in service, the effect will be total, but those of us that will have the good fortune to be exempted, or are past the age limit, have much to consider when thinking about our future and the future of our profession. The profession as a whole is in a serious predicament that will become worse as the war effort progresses. Chiropody schools will suffer, and the schools are the backbone of the profession, ranking top only with the associations.

At the present time the six recognized Chiropody schools have a

total of only 108 Freshmen. There should be that number in each school. If the schools produce no more chiropodists than that, the profession will gradually die of anemia. It is up to us to send the students to the schools,—no one else is going to do it for us. At the present time there are only 7,780 chiropodists in the United States, of whom about 5,700 are graduates. With ten times that number our field would not be overcrowded. In keeping with educational facilities of the rest of the country, the Chiropody schools are condensing their courses, and it may be possible to complete the entire curriculum in two years' constant work.

As to the practicing Chiropodist, it is my belief that for the immediate future the outlook is very promising. The public is walking more, because of both transportation shortages and fads, and that means more ailing feet to be treated. The income of the country is expected to reach one hundred billion dollars this year, and with a lack of consumer goods, such as automobiles, refrigerators, and stoves, and a taboo on new home construction for most of the country, the people will be able to spend more money for professional services. The Chiropodist will come in for his share of this increased spending if he will only reach for it.

What will happen in the years of '43 and '44 will depend on the entire national situation. If more serious reverses are met, everybody will have to cut their budgets, and professional services are always the easiest to do without. When this decline will start is impossible to forecast, but I believe that we should be prepared for it. If it does not come we will not be disappointed.

SHOES IN A PODIATRIST'S OFFICE

E. W. CORDINGLEY, A.M., D.S.C.
Clinton, Ind.

POSSIBLY A MAJORITY of podiatrists have at one time or another made a trial of ordering and selling shoes to their patients. Usually, perhaps, the reason a practitioner tries his hand at shoe dispensing—and especially is this true of the younger man in the profession whose practice is slow in building up—is because he sees in it a means of augmenting his income. Often, however, the podiatrist gets into a shoe-selling side-line because of repeated complaints of patients that they can't get comfortable shoes. Their usual remark is, "I have tried many kinds of corrective shoes and my feet still hurt, and so can't you order me a pair of shoes that will give me comfort?"

But, in talking with a considerable number of members of our profession who have tried shoe merchandising, I find that the opinion is almost unanimous that shoes have no place in the podiatrist's office. Initially, they seldom, if ever, actually increase the practitioner's income. We are in the field of treating foot defects, and if we dispense shoes patients expect our shoes to take the place of other foot care. Whereas we could otherwise sell them on the idea of taking a course of foot treatments, they expect our corrective shoes will make further treatment unnecessary; and when our shoes fall short of their expectations, as they usually do, they count it as a failure on our part and drift on to another practitioner. Several podiatrists have assured me that whether they sell shoes or not, their incomes remain about the same, because in the one instance they give less treatments and make

a little profit on shoes, while in the other instance they give more treatments. Still others report that selling shoes caused their incomes to definitely decline, regular patients hesitating to return for treatment for fear of being "high-pressured" into buying expensive shoes when all they wanted was treatment.

Every line of human endeavor has its drawbacks and "grief," and in this day when radio programs, newspapers and magazines all stress the idea that when your feet hurt it must be your shoes that are at fault, the selling of shoes has more than its proportionate share of aggravations. We hear people complaining every day that, though they have tried this shoe and that, still their feet trouble them. People haven't become "foot conscious" to the extent that they have become "shoe conscious." And it seems to me that it is unfortunate that our profession adds too much to the radio and newspaper ballyhoo on shoes instead of insisting that when feet hurt it is the feet that are sick. In a new bulletin of the United States Department of Agriculture (Miscellaneous Publication No. 469, for sale by the Superintendent of Documents, Government Printing Office, Washington, D. C., price 10 cents) appears a statement which should be taken to heart by all our practitioners, then passed on and stressed to our patients, and it is this, "Arch disorders, from which many people suffer, are not caused nor cured by shoes." We have been telling people that when their arches sag and their feet ache that their shoes are at fault; the same thing that shoe manufacturers have been telling them. It is time we told them that when their arches sag and their feet ache their feet are at fault. That if their feet are straightened up, if improperly distributed "weight stresses in the bony framework of the feet" (see bulletin, supra) are corrected, they will be comfortable in shoes that are properly fitted. And that no shoes, or even the lack of shoes, will make for comfortable feet, as long as defects are inherent in the feet themselves. And then that, further, our job is to treat feet; not clothe them. We know from long experience that we can make feet comfortable—98% of the time—by treating them. I have a shoe man in my town who tells people that there are "two ways to have comfortable feet; one is to go to the foot doctor every few weeks as long as you live, and the other is to wear the right shoes." When patients pass his remark along to me, I smile and say nothing, knowing that the results of foot treatment and shoe fitting will speak for themselves.

Several years ago I decided upon four particular brands of shoes that seem to fill the bill for my patients. I do not expect any of these shoes to correct anything or cure anything. All I expect of them is that, when carefully fitted, they will be comfortable as far as shoes can be comfortable, provided really ill feet also have some treatment care. I tell patients that shoes are articles of clothing, not drugs or surgery or treatment devices, and that it is as necessary to have properly fitted clothing as it is to have proper food and fresh air. The four brands of shoes I prescribe are sold by four different shoe stores, and I am repeatedly referring patients to those stores. Whereas, in years past I sold shoes in my office and thereby gained the condemnation and ill-will of shoe men, I find that my present acts of referring business their way causes them to speak well and enthusiasti-

cally of me. While once shoe men were afraid of sending patients to me because I also tried to sell them shoes, they send patients to me now without misgivings. Often they send a patient with three or four pairs of shoes in a bundle, to get my advice on which one of the several pairs I think is right. I find I get many times more patients referred to me from these shoe stores than I am able to send customers to them. And the good words they put in for me to one customer are often repeated by the customer to many other people. I have found from experience that cooperation between a podiatrist and a shoe store pays far more in dividends than could possibly be gained by a podiatrist peddling shoes as a side-line. And then, when there is "grief" in connection with shoes that do not give comfort, the podiatrist is never the "fall guy" as he would be if he had sold the shoes. Even the shoe man does not take as hard a rap from the customer when the podiatrist and shoe man are working together.

And so, let us get away from "dabbling" in shoes. The "head specialist" does not sell hats. Let us devote ourselves to treating feet, and leave their clothing to merchants. In this way we will maintain our position as practitioners of the healing art, and we will certainly have far more pleased patients.

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PATRONIZE OUR ADVERTISERS

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The Practical Application of Short Wave Therapy

MILTON HENENFELD, Pod.G.
New York, N. Y.

MUCH LITERATURE has been written concerning the indications and use of Short Wave Therapy which makes the aquisition of such a machine a necessity to every practitioner. This form of treatment can be used in Arthritis, Arteriosclerosis, Myositis, Bursitis (acute and chronic), Chilblains, fractures, muscle strains and sprains, Raynaud's disease, Thrombo-angiitis obliterans, Thrombophlebitis, osteomyelitis, periostitis, tenosynovitis, and ulcers (varicose).

Obtaining the desired results depend however upon knowing how to concentrate heat in the part under treatment instead of disseminating it injudiciously. The basic knowledge of how the machine operates, how various tissues are affected, and the proper application of electrodes, is essential to this end. It is the purpose of this article to make clear such application in the use of the 12 to 15 meter, and the 6 meter short wave machines.

It must be remembered that to converge heat in any one part, it is necessary to keep it away from another. Also that different types of cells have different capacities for absorbing short waves. Some deep-seated structures (bone) have a far greater capacity for heat absorption than subcutaneous tissues (fat). Thus deep tissues will heat before surface tissues. In long wave diathermy, conversely, surface tissues are first to heat. The shorter waves also differ from diathermy in that they are eliminated from the electrode in concentric circles, like the ripples when a pebble is thrown into a stream. This can

be proven by taking a neon tube, which becomes illuminated when in contact with short waves, and moving it gradually away from the electrodes. The tube will remain alight in a circle around the pad. It will be noticed that the tube burns brightest closest to the pad, showing that the greatest concentration of heat is nearest the electrodes. Since the tissues absorb the current waves passing across them, the closer your electrode is to the part, the deeper and greater the concentration of heat. The further away, within certain limits, the more superficial the reaction. Diathermy waves travel from one corner of the plate diagonally across to the other corner. The condensation of heat is where the lines meet. Short wave electrodes must be placed differently if the desired placement of heat is to be obtained.

Definite rules must be followed when treating with short waves so that no outside interference occurs to mar the effects or draw heat away from the area involved.

1. There must be no clothing between the electrode and the skin. It may interfere with the proper amount of spacing, or have metal attached which will increase the possibility of a burn.

2. Inspection of the skin during and after treatment to determine if there are any overheated areas. The patient should be instructed to feel a pleasant warmth and told to report any other manifestations. If the patient complains of a cramp, or sharp pain, too much heat is being applied and the blood vessels have gone into spasm. Treatment for that day should be discontinued.

3. The patient should be protected from all metal parts.

4. Treatment should be instituted with the foot and leg parallel to the ground. The results are more effective when the blood stream does not have to overcome the force of gravity.

5. The patient's skin tolerance to temperature should be the guide to dosage rather than the meter on the unit. The meter should be used merely to guide the patient into resonance. The meter may respond to other factors besides the amount of current passing through the treated area.

The electrode itself is a plate, usually brass, and may be flat or curved. It is insulated with a covering of soft rubber or sponge rubber to prevent arcing between the plate and the patient. The thickness is usually ½" on both sides. Thus there already exists a space between the electrodes and the patient. In air-spaced electrodes, the air itself acts as the spacing material. The smaller the electrode, the more concentrated the rays, but only that portion which comes in direct contact will be affected.

The position of the electrodes in relation to foot and leg also determines where the heat will condense. They may be placed parallel on opposite sides of the extremity. This is the least efficient method of application. I believe this is so because there is not sufficient tissue between the electrodes. The radiations intermingle and therefore no resonance can be obtained. The farther the electrodes are from each other, the greater the control of heat.

Electrodes may also be placed at right angles; one bound under or over the foot, the other under the calf. The cuff electrode is the more advisable when greater amount of contact is desired. Better results are obtained by treating each extremity individually. However a

double hookup can also be used to advantage.

The distance between the skin and the electrode will determine where the heat will be directed. The distance varies with units of different output, the size of the electrodes, and the condition of the blood supply under treatment. There are two methods of spacing. The 12-15 meter machines use condenser-field electrodes which must come in direct contact with the skin. The six meter (or less) may either use the above method or the air spaced electrodes.

A soft felt pad 1" in thickness the same size as the electrodes can be used as a spacing medium. There should be at least two for each electrode. Ordinary towelling (terry cloth) can be used but has been found too bulky to handle. In order to prevent the accumulation of moisture, cleansing tissue is used over the felt pad directly on the skin. Tissue, pad, and electrode may be bound to the foot with "ace" or rubber bandage. If the material used for spacing becomes too moist, or if perspiration collects, overheating may occur.

In general, spacing distances are not usually less than ½" nor more than 3". The less the spacing, the deeper the heat. Thus if deep heat is desired in the foot, a small electrode is used with no felt pad (½" space provided by the rubber insulation pad) while the larger inactive electrode has a 1" felt pad. If superficial heat is required in the same part, a small pad is still used with a greater spacing than the inactive electrode. If general heat is desired throughout the foot and leg, use a cuff electrode around the upper part of the leg, and a small pad under the sole (or on top of the foot) with at least an inch and a half of spacing. There seems to be a tendency for heat to converge at the ankle joint. To overcome this the greater spacing is needed at the bottom with the greater amount of actual contact above.

In the 6 meter machine using condenser-field electrodes, the same procedure is used as outlined above. However with this type of machine it is better to use air-spaced electrodes as the possibility of producing a burn is exceedingly lessened as there is no actual contact with the skin. The importance of knowing where to place the heat is even more pertinent in this machine since the waves are definitely germicidal. When an infection is present, heat is inadvisable. Thus in order to use the germicidal effects, the heat must be shifted elsewhere. The large electrode with a large space will draw the heat to that part, while the smaller which is in reality the active electrode, can be used on an infected heloma without the production of any heat.

In testing the foot or leg during treatment with the back of the hand, do not expect to feel too much heat. Remember that the deeper tissues heat faster and if the surface is hot, the deeper tissues are hotter. It is best to start with a minimum reading on the meter, and gradually work up to patient tolerance.

To summarize:

1. Know how short waves travel.
2. Know what tissues are involved and how they react.
3. Know the proper size, placement, and spacing of electrodes for the desired application.
4. For deep heat, active electrode small with less spacing than the inactive electrode.
5. For superficial heat, active electrode small with more spacing than inactive electrode.

6. For general heat, cuff electrode around the calf with greater spacing of a smaller electrode on the sole.

7. For heat at the ankle, equal sized electrodes with equal spacing at right angles to the foot and leg.

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CHILD HEALTH DAY, 1942

Statement by
Surgeon General THOMAS PARRAN
U. S. Public Health Service

OUR PRESIDENT has set apart one day—Child Health Day was held May 1, 1942—to complete a specific task within a specific time. It has been our custom for several years past to dedicate May Day to our children. This year's call to action is clearly of specific import to a nation at war. The task set for accomplishment does not call for expenditure of a great deal of time; it requires no expansion of services already available.

President Roosevelt calls upon the people in each of our communities to contribute to the sum of child health by reducing chances of illness among young children. We are asked to undertake immunization of every child over nine months of age against two diseases for which we have surest means of prevention — smallpox and diphtheria. And we are asked to complete this health defense task by the first of May.

Aside from the safety afforded our children by this simple action, full-scale vaccination and immunization against diphtheria among the youngest groups of the population is a patriotic duty. The total strength of our nation depends upon total protection against preventable disease.

Every State and local health department, every physician, stands ready to help parents give their children protection against smallpox and diphtheria. Physicians in some localities may further advise immunization against whooping cough or typhoid fever.

While we are accomplishing this nation-wide program of prevention, let us not forget the other helpful measures to be undertaken for our children's health protection. We may soon be faced with far more serious war situations than face us today. We may suddenly have to evacuate children from areas in danger from bombing or sabotage. There may not be time to do the simple things we planned for them — to have their teeth examined, to have complete physical check-ups, to correct remedial defects, and to build their reserves of vigor through better nutrition. It is up to us to pack their "health kits" here and now.

Every step which can be taken to fortify the health and happiness of America's children should be considered as a wartime "must".

'It is my earnest hope that no opportunity offered by Child Health Day for the conservation of national strength be neglected by responsible Americans.

CALL FOR MANUSCRIPTS

MEMBERS ARE REQUESTED to submit manuscripts for publication in future issues of the Journal. Some suggested subjects which will be of interest are: case histories, shoe therapy, professional economics, office arrangement, orthopedics, anesthesia, children's foot ailments, industrial foot care, dermatology, helomata, neurovascular disturbances, diseases of the nails, hydrotherapy, public education and articles dealing with Chiropody's place in national defense.

CLASSIFICATION AND INDUCTION OF SELECTEES

IMMEDIATE CLASSIFICATION of Selective Service registrants of February 16, and probable induction into the armed forces of many of these men in May or June, was announced by National Headquarters, Selective Service System.

Local boards throughout the Nation were instructed to start classification at once of the several million men who enrolled on February 16 and to prepare to fill the Army's June call for men, and possibly the May call with these registrants and registrants from the first age group.

The men registered February 16 were those not previously registered who were not more than 20 years old by December 31, 1941, and not more than 45 years old on February 16, 1942. They were assigned order numbers on the basis of the Third National Lottery on March 17.

After a series of conferences with the War Department on its need for men, Selective Service Headquarters issued the following memorandum to its local boards:

"1. Registrants of the second registration, July 1, 1941, were included with the registrants of the first registration, October 16, 1940, so that the registrants of both registrations constitute one group which, for the purpose of this memorandum, will be referred to as the first age group. Registrants of the third registration, February 16, 1942, will be referred to in this memorandum as the second age group.

"2. It is presumed that at the present time the following steps have been completed with respect to the registrants of the second age group:

"(a) That they have been assigned consecutive order numbers, beginning with the order number 10,001;

"(b) That their names have been posted on the List of Registrants (Form 3); and

"(c) That they have been listed in the Classification Record (Form 100).

"3. Any local boards which have not completed the mailing of Selective Service Questionnaire (Form 40) to all of the registrants of the first age group will continue to mail out questionnaires to such first age group. At the same time, the local board will proceed to mail Selective Service Questionnaires (Form 40) to registrants of the second age group in sufficient numbers to insure the filling of the June call (estimated not to exceed the call of February 1942) entirely from the third registration, if such action is required.

"4. If any local boards have not completed the classification of registrants in the first age group, they should proceed to do so. At the same time, local boards should proceed with the classification of registrants in the second age group in sufficient numbers to insure the filling of the June call (estimated not to exceed the call of February 1942) entirely from the third registration, if such action is required.

"5. In the event that the local board does not have a sufficient number of registrants of the first age group available in Class 1-A to fill its call for May 1942, the local board may deliver for induction such number of men from the second age group as may be required to fill its call. If the local board finds it necessary to furnish men from the second age group to fill the call in May 1942, the local board should continue classification of registrants in the second age group, to be sure that on June

1, 1942, it has classified in the second age group a sufficient number of men to fill a normal call.

"6. The War Department has indicated that beginning June 1, 1942, requisitions will probably call for men of both age groups. In such event it will be necessary to lay calls for the month of June 1942, and for subsequent months on both age groups. In those local boards where the first age group is exhausted by June 1, 1942, calls will of necessity be made only upon the second age group. The precise method which will be followed for the filling of calls for the month of June 1942, and for subsequent months, as between registrants in the first age group and registrants in the second age group, will be made the subject of a subsequent memorandum."

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FURLOUGHS FOR INDUCTEES

COINCIDENT with announcement by the War Department of a liberalized policy regarding furloughs for newly inducted registrants, National Headquarters, Selective Service System, today advised local boards to cooperate with Army Corps Area Headquarters and recommend leave for those men who need time to adjust their personal affairs.

Under the present system of the Army, men who pass their final physical examinations at Army reception centers are inducted forthwith, but some of these registrants require a brief period to return to their homes to adjust personal matters, National Headquarters pointed out. With this in mind, the War Department has agreed to grant furloughs in such cases to prevent undue hardship.

These furloughs will begin not later than five days after induction and will not exceed ten days except that when an inductee lives at a considerable distance from the reception center a leave of up to fifteen days may be granted.

The Selective Service National Headquarters' memorandum directs State Directors to inform their local boards of this new Army furlough policy, and adds:

"Local boards should be advised to give full publicity to the policy in effect and to take necessary steps to inform inductee not to release his possession or otherwise make final disposition of his financial and personal affairs before final action is taken by the Army Examining Board.

"Local boards will be directed to attach to the delivery list the names of those selectees for whom furloughs are recommended. Furloughs will invariably be granted if recommended by the local board."

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FOOT HEALTH

Dr. W. W. DeHART
Flint, Mich.

THIS IS THE SECOND of a series of articles on foot health. With drastic automobile tire rationing now upon us, the lost American art of walking will come into its own. Flint's thousands of workers, now more than ever before, will be interested in avoiding foot ailments of any kind.

"Delay in taking appropriate care of your feet has one advantage — it increases your discomfort!

You spend only one-third of your life in bed, but you spend two-thirds of your life on your feet and in your shoes. On the theory that an ounce of prevention is worth the proverbial pound of cure, you owe it to yourself to consult a chiropodist for advice on foot care as well as footwear.

Big feet may not pay big dividends, but good feet pay good dividends in substantial comfort.

Did you ever stop to think that in the operation of your automobile, good feet are essential? And, talking of "Transportation" while we are largely dependent upon the auto, busses, planes, trains, bicycles and trolley cars, we are also dependent in large measure, upon normally functioning feet.

Foot troubles are usually not hereditary, they are acquired. Incidentally, foot woes are as necessary as two tails on a cat.

Bob Hope, radio's popular star, recently hit the nail on the head when he said, "Don't let your feet be Fifth Columnists."

As we come to the bottom of this column we might add that vanity is at the bottom of most foot ills!"

This article appeared in the Flint Weekly Review, March 20, 1942. The editor is deserving of much praise for his splendid cooperation in bringing attention to the need for foot care in these critical days.

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GOVERNMENT PUBLICATIONS

HEALTH STATUS of adults in the productive ages. 1941. 17p. (Public Health Service, Reprint 2327 from Public Health Reports) 5c FS 2.7/a:2327.

Industrial injuries among the urban population as recorded in the National Health Survey. 1942. 18 p. il. (Public Health Service, Reprint 2339 from Public Health Reports) 5c FS 2.7/a: 2339.

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NEBRASKA

THE NEXT CHIROPODY examination will be given June 18-19, 1942, State Capitol Building, Lincoln, Nebraska. All applications for this examination must be filed with the Bureau of Examining Boards, State Capitol Building, Lincoln, Nebraska, at least fifteen days prior to said date.

SULFANILAMIDE, ITS HISTORY AND USES IN PODIATRY

HARRIS C. MININBERG, Ph.G., Pod.G.

Chemical and Physical Properties: Sulfanilimide is the amide of sulfanilic acid. It is a white, crystalline powder, practically odorless and with a bitter sweet aftertaste.

The solubility varies greatly with the temperature. At 15 degrees C. it is soluble to the extent of 0.42 gm. in 100 cc., at 25 degrees C. to the extent of 0.75 gm. in 100 cc., while at 100 degrees C. 47.7 gm. can be dissolved in the same amount.

It is soluble in hot alcohol and cold acetone, but slightly soluble in cold alcohol. In ether, benzene and chloroform it is insoluble. It is not affected by light or temperature below 100 degrees C.

History: Sulfanilimide was first introduced in 1903 as a dye intermediary. It was only in 1935 that Domagk drew attention to the antibacterial activity of the related compound sulfanamido chrysoidine. He synthesized this drug by the addition of a sulfanamide group to the azo dye chrysoidine. The attention of medical investigators was aroused by his reports that this drug protected mice against intraperitoneal injections of otherwise fatal doses of hemolytic streptococci. It is of historical interest to note that the first clinical use of this drug was on a widespread staphylococcies infection by a Dr. Forrestor of Dusseldorf, Germany.

After the initial discovery in Germany, a group of French investigators under Fourneau broke this compound down into its component parts and showed conclusively that the component p-aminobenzene sulfanamide, known as sulfanilimide, was as effective as the compound used by Domagk in

preventing development of fatal streptococcic infections in experimental animals.

In England this was confirmed by Colebrook when he announced the startling results from the use of sulfanilimide in combating child-bed fever at the International Congress of Microbiology. Perrin Long of Johns Hopkins was at this meeting and was so impressed with these results that he and his associate Dr. Bliss carried on scores of experiments on his return on ward patients at Johns Hopkins. The results were equally as startling. Sulfanilimide received national publicity when Long, as a consultant at the bedside of Franklin Roosevelt, Jr., used sulfanilimide successfully in combating a virulent streptococcus infection resulting from a sinus infection.

Rosenthal shortly after announced the chemotherapeutic activity of sulfanilimide against certain types of pneumococcal infections in mice. Reports were submitted showing the curative action of the drug on meningococcal infections, on the treatment of gonorrhea, on the treatment of urinary infections, on certain infections of the eye, notably trachoma, on the prophylactic treatment for recurrent attacks of rheumatic fever, its use in the prophylaxis and treatment of gas gangrene, its use in streptococcal meningitis; gonorrheal arthritis, erysipelas, puerperal fever, osteomyelitis.

Local Use or Application of Sulfanilamide: Before any literature had been published on the local use of this drug, one of our own colleagues, Marvin D. Steinberg, advocated its use locally in infected wounds of the lower extremity. He advocated its use till reports from the Mayo Clinic published months later substantiated his work and theories. In 1939 Jensen first drew attention in medical circles by reporting favorable results with the local application of sulfanilimide in compound fractures.

Rationale of this form of therapy is based upon the fact that sulfanilimide implanted in wounds is rapidly taken up by wound secretions to form a locally saturated solution of the compound. An extremely high concentration of the drug is thus achieved in the zone immediately surrounding the wound. Since absorption is spread over a period of time, the concentration in the blood stream remains within safe limits. The rate of absorption of the drug after local implantation is believed to be proportional to the solubility of the drug, with the condition of the vascularity of the region of the wound forming a secondary factor.

Local Tissue Reaction: Sulfanilimide produces little or no local irritation or foreign body tissue reaction. It has been demonstrated that even when implanted in a knee joint of a dog in solid form it produced no damage to the articular cartilage. When injected in saturated solution into the pleural and penitoneal cavities of the same animal as well as into the joints, it produced a negligible degree of local irritation. Sulfanilimide does not tend to retard or interfere in the healing processes of wounds.

One should bear in mind this very important factor, that this form of therapy does not preclude the necessity of employing all recognized and accepted surgical procedures in the treatment of wounds. This includes the surgical debridement and complete hemostasis of the wound. The local application of sulfanilimide is most likely to achieve the best results following the fulfillment of these surgical prerequisites.

Local Use of Sulfanilamide in

Present World War: Present reports show that the use of this drug locally to wounds in combination with oral administration when necessary has reduced to a remarkably low level the incidence of gas gangrene and amputation. The soldiers carry a small bag containing sulfanilamide powder and are directed to impregnate the wound with this drug. When first seen they are also given 2 gm. of the drug by mouth. They are sent back to a base or field hospital where a thorough debridement is done, the wound being redusted again many hours later. Final treatment was irrigation, debridement, packing with sulfanilamide and immobilization of the part. For bullet wounds, the drug was fashioned into a crayon, and the hole plugged with it, following which the usual surgical procedures were employed. In most cases of wounds the employment of sulfanilamide crystals obviated the necessity of employing drainage, the wound, after being packed with the crystals was sutured and allowed to heal by primary union. In those cases where drainage is employed, the drain is impregnated with sulfanilamide prior to its insertion into the wound. In all cases of abdominal and pelvic surgery it has been used prophylactically by dusting it in the operative area. In cases of appendical and pelvic abscesses, peritonitis, local abscesses, in crushed and lacerating wounds, in compound fractures, sulfanilamide has been used after these conditions have been treated surgically, resulting in the remarkable lowering of the incidence of post operative infection and the elimination of any existing infection.

Local Use of Sulfanilamide in Office Practise: The types of cases treated in the office are those of local infections, small lacerations, boils and abscesses, where the powder is dusted in the wound and sewed up without drainage. Steinberg has advocated the use of a sulfanilamide paste made by crushing a 5 gr. tablet in small amount of boiling water to be spread in the wound. If an ointment is to be desired equal parts of anhydrous lanolin and sulfanilamide crystals can be employed.

In cases of onychia and paronychia due to bacterial invasion Steinberg and I have successfully employed sulfanilamide locally. We have employed it in all minor surgical procedures such as removal of bursal sac, resection of nail matrix, removal of hypertrophied nail flap, curetting of an infected sinus, incision and drainage of any localized abscessed cavity. In all these instances we have found the use of the drug exceedingly satisfactory from both a prophylactic standpoint in diminishing the incidence of post-operative infection and in those cases of existing infection, has been instrumental in arresting the infective processes and then clearing them up. We have also used the drug in ointment or crystal on ulcers whose healing processes have been retarded as a result of a superimposed secondary infection. We also have employed sulfanilamide as a routine office procedure in all diabetics in whom there is reason to suspect a possible local avenue of infection existing. It also has been successfully employed by us in coccygenic infections of the skin. In many cases we have found that sulfanilamide is equally effective against staphylococcic as well as streptococcic infections a fact that was reported by Steinberg long

before it was confirmed by later findings.

2198 Cruger Ave., Bx., N. Y.

Sources of information: Research data from laboratories of Merck & Squibb.

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BLACKOUTS BRING ADDITIONAL HAZARDS OF FALLS AND FIRES

Put your house in order if you would avoid barked shins, stubbed toes or more serious injury during blackouts.

THIS TIMELY ADVICE is contained in an article by Helen Keating Neal, Assistant to the Director, American Red Cross Home Accident Prevention Service, in the April issue of the Red Cross Courier.

Miss Neal warns that blackouts mean new home hazards and that falls and fires are likely to be on the increase for the duration. Stairways, cellars and attics should be cleared of papers, discarded furniture and other waste matter. Clearing them out serves a double purpose—it reduces a fire menace and contributes much needed materials to the war effort.

"People living in coastal areas face the possibility of air raids," writes Miss Neal. "Experts believe the incendiary bomb is the type the enemy is most likely to drop on us. During blackouts, it will be difficult for fire departments to make their usual speed in getting to a fire. And during a combination air raid and blackout, many individuals will have to be their own fire departments. Fire prevention is, therefore, one of the most important factors in civilian defense.

"One of the greatest menaces in the American home in time of peace or war is the appropriately named throw rug. It is safe enough if you take it in slow stride. But if the sharp warning of an air raid warden sends you sprinting across the floor to pull down a forgotten shade, the chances are you will have a personal blackout—and a trip to the hospital. If you must have throw rugs, anchor them by putting non-skid material under them. The time to do that is before—not after—someone falls. The cost of non-skid material isn't nearly so high as hospital rates.

"This is a good time to clean out the medicine chest. Keep on hand only those medicines that are essential. When you rearrange your furniture this spring . . . plan the arrangements of the rooms so that pathways to all doors are clear."

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HEIGHT AND WEIGHT OF THE AVERAGE SOLDIER

ACCORDING TO THE Quartermaster Corps, which outfits the Army, the average soldier is five feet, eight inches tall and weighs 144 pounds.

To keep this average soldier in fighting trim for the first year Uncle Sam spends a total of $404.65. Not including his weapons, ammunition, pay and other expenses incurred during his training, the United States government spends annually $175.00 for his food, $162.05 for clothing; $15.79 for individual equipment and $51.61 for barracks equipment.

OBITUARY

DR. CLAUDE FRANKLIN HOWE of Jackson, member of the Mississippi Association of Chiropodists, died on March 16, 1942. He is survived by his wife, Mrs. Frances Varnado Howe.

Pallbearers were: Dr. Clayton Overton, Dr. M. K. Upshaw, Dr. R. S. Crowder, R. D. Stacy, Bill Cade and Howard Swann.

THE

JOURNAL

OF THE

NATIONAL ASSOCIATION of CHIROPODISTS PODIATRISTS

PUBLISHED UNDER THE DIRECTION OF THE COUNCIL
BY THE NATIONAL ASSOCIATION OF CHIROPODISTS

DR. WILLIAM J. STICKEL, EDITOR
3500 FOURTEENTH STREET, N. W.
WASHINGTON, D. C.

Address all communications intended for publication, matter relating to advertising, business or subscriptions to the Editor.

KEEP AMERICANS ON THEIR FEET

OUR COUNTRY is engaged in a critical struggle against Axis aggression. The chiropody-podiatry profession must gird itself for the important task of caring for the foot health of the nation, in order to keep the men and women in our defense industries on the job. We also claim the right to administer to the foot ills of the men in our Armed Forces. The Defense Committee of our National Association is seeking every possible means to make our services available to the nation's greatly expanded civilian and military war time personnel.

Among our many projects you have recently noted the more frequent mention of our Bills in Congress, in the public press, and on the radio. This is the result of a publicity program initiated by our committee in Washington. Several well known columnists have given space to our campaign and more than four hundred leading newspapers recently carried articles relating to the need for chiropodists-podiatrists in the Army. On the radio during the past four months, forty-seven broadcasts, some in connection with state and zone meetings, were devoted to S. 1459. These broadcasts were from five to thirty minutes long. Cal Tinney, in "Sizing Up the News for Phillies," said, "Chiropodists are trying to pass a Bill which will place a Chiropody Corps in the Army. You know, folks, the favorite picture of a soldier is with his gun, but it ought to be sitting down with one shoe off and holding his foot. Yes, sir! lots of foot trouble in the Army. I hope the foot specialists get the Bill passed."

Following the recent Regional Conference in New York City more than one hundred column inches of copy appeared in newspapers like the New York Times, New York Sun, Herald Tribune, and PM. These items emphasized the need of adequate foot care by chiropodists for the military and naval forces and for war industrial workers. As we have pointed out on many prior occasions, our profession is engaged in the most comprehensive public education campaign in its history.

The attainment of the high degree of success which has followed the Defense Committee's plan is due to the single factor—cooperation. National and state officers and committees, individual members, press conferences sponsored by various groups, and a host of other persons and agencies are working together to bring our cause before the public and the Congress.

It can be said with certainty, that cooperation solves most of our problems. Freckles for instance, would make a nice coat of tan if they could get together.

CONFERENCE ON HEALTH OF MANPOWER IN INDUSTRY

A THREE-DAY CONFERENCE on the conservation of manpower in war industries was held in Washington, April 9-11, under the auspices of the U. S. Public Health Service, Surgeon General Thomas Parran announced today. Dr. Stickel represented the National Association of Chiropodists.

Governmental industrial hygienists from the National Institute of Health and 36 States met in joint session with the Subcommittee on Industrial Health and Medicine of the Health and Medical Committee, Office of Defense Health and Welfare Services.

"The health problems of a vastly increased labor force in the war industries demand the best efforts of government, management, labor, and medicine, in order to conserve the energy and efficiency of every worker," Dr. Parran said in announcing the conference.

Even in normal times, 400,000,000 man-days are lost annually in industry because of sickness and accidents. A large part of this wastage can be prevented. Representatives of the medical profession, governmental industrial hygiene services, management, and labor will participate in the discussion of ways and means to reduce industrial disability.

Federal Security Administrator Paul V. McNutt, Mr. Channing R. Dooley, Director of the Training within Industry Branch, War Production Board; Dr. Clarence V. Selby, Medical Director of the General Motors Corporation; Dr. Orlen B. Johnson of the American Medical Association's Council on Industrial Medicine; and Dr. James G. Townsend, Chief of the Division of Industrial Hygiene, National Institute of Health, were among the principal speakers.

The conference, which was opened by Surgeon General Parran, met in the auditorium of the Social Security Building.

PAMPHLETS AND LEAFLETS NOW AVAILABLE FROM THE COMMITTEE ON PUBLIC RELATIONS

SEVERAL PAMPHLETS and leaflets may now be obtained by members of the National Association of Chiropodists. These are excellent for distribution to your patients or on the occasion of a public lecture. Prices are as follows:

75 for $1.00, 1.000 for $10.00, 5,000 for $47.50, 10,000 for $95.00.

Send your orders to Dr. L. A. Hansen, Shukert Bldg., Kansas City, Mo

SCIENTIFIC COMMITTEE INVITES LECTURERS AND DEMONSTRATORS TO APPEAR ON MINNEAPOLIS PROGRAM

ANY MEMBER of the National Association of Chiropodists, who plans on attending the thirty-first annual convention in Minneapolis, and wishes to present a lecture or demonstration on a scientific subject, should communicate immediately with Dr. Harry W. Weinerman, 1609 Kings Highway, Brooklyn, New York. Please state title of your lecture, time required for its delivery, and a brief description of subject matter. Be sure to include your name and address.

The Scientific Chairman announces the appointment of the following members to the committee, each of whom will head the sections listed.

Orthopedics	Dr. Carl Bergman, Chicago, Ill.
Surgery	Dr. D. T. Mowbray, Waterloo, Iowa
Dermatology	Dr. Harry Hoffman, Washington, D. C.
Physical Therapy (Principles)	Dr. E. W. Cordingley, Clinton, Ind.
Physical Therapy (Practice)	Dr. R. G. Johansen, Oakland, Calif.
Roentgenology	Dr. Felton Gamble, Collingswood, N. J.
Metabolic Disorders	Dr. H. W. Orr, Oil City, Pa.
Foot Gear (Principles)	Dr. F. J. Carleton, West Chester, Pa.
Foot Gear (Practice)	Dr. P. Brachman, Chicago, Ill.
Research	Dr. C. E. Krausz, Philadelphia, Pa.
Professional Economics (Office Management)	Dr. H. L. Collins, Columbus, Ohio
Professional Economics (Public Welfare)	Dr. S. F. Lasky, New York, N. Y.

ANNOUNCEMENT TO STATE AND ZONE ORGANIZATIONS

STATE AFFILIATED ORGANIZATIONS are requested to communicate with the Executive Secretary, regarding the scheduling of official representatives of the National Association of Chiropodists, to attend state and zone conventions or meetings. In the future, representation by the N.A.C. will be scheduled by the Executive Secretary, in order to curtail the expense incurred by the duplicated attendance of officials. This is essential in the interests of economy.

DR. RALPH W. DYE, *President*

MATERIAL FOR PUBLICATION

Please send all material for publication to Dr. William J. Stickel, Editor, 3500 14th Street, N. W., Washington, D. C.

Scientific articles, organization announcements, committee reports and state society news should be sent to the above address. Manuscripts should be typewritten on one side of page only and preferably double-spaced.

The President's Message

ONE OF THE accomplishments of our administration of which I am rather proud is the program for keeping in touch with chiropodists in the Army, Navy, and other branches of our Armed Forces. More than three thousand communications were mailed to our men from January first to May first. In addition, we have sent the JOURNAL and special bulletins to all chiropodists in service whose address is on file in the office of Executive Secretary Stickel. Space does not permit me to chart here the varied types of information furnished, however, I can say that no request remains unfulfilled if it is within our power to accomplish it.

Much interest has recently been aroused in the clinical aspects of "foot orthopedics." According to the reports of many practitioners, a definite increase in the number of cases of weakfoot and related conditions is being observed throughout the United States. Naturally, the question of how to treat these disorders is being featured at every chiropody convention or meeting. This is a good indication that our profession is awake to its responsibilities. We are anxious to employ the most scientific and efficient methods known to us. We are also eager to develop new methods which reduce the amount of time needed to restore sound function to ailing pedal extremities. No greater opportunity for stimulating interest in foot orthopedics has ever been presented to us than that which faces us right now. With millions of our men and women in the military establishment, and in war industries, we see the need for constant protection of the feet. Abrupt changes from civilian to military status or from sedentary occupations to long hours of standing or walking in manufacturing plants are responsible for the increase in foot disorders. Our task is to keep all persons necessary to the war effort "on their feet." I feel we are equal to this assignment.

We must not overlook all the special studies which we can make to determine the causes of occupational foot disabilities and to further improvise sound therapeautic measures for their correction. The chiropody profession like practically all organized groups of American citizens has no desire to benefit in a monetary manner from the predicament now confronting our country and the entire world. On the other hand, we can and must, benefit from the opportunities afforded us to do research and to study from every viewpoint, foot defects which can be traced directly to the international crisis, with all its far flung implications.

I urge state affiliated societies to plan industrial and occupational surveys immediately to help us determine the effects of the war program on the feet of the American public.

I hope to greet you all at the Minneapolis Convention, where the matters set forth here and many similar pertinent questions will be considered at length by the National Association of Chiropodists.

DR. RALPH W. DYE

REPORT OF THE COMMITTEE ON COMMERCIAL RELATIONS

DR. CHAS. TURCHIN
Washington, D. C.

OUR COMMITTEE has undertaken an extensive goodwill campaign among manufacturers, supply and equipment houses, shoe and drug concerns, and several other types of industrial and commercial establishments, whose products are in some manner related to our profession. We extend to all these agencies cooperation which will be mutually beneficial. Our duty is to support these commercial organizations which respect the profession of chiropody and which are known for their efficient and honest manner of doing business. We welcome these organizations as exhibitors at our conventions and as advertisers in our journal.

Our journal is the finest medium extant for bringing the message of the supply house or manufacturer to a guaranteed circulation among chiropodists and podiatrists. Not only does the membership of the National Association of Chiropodists receive our journal each month, but the Organization Committee frequently requests mailings to nonmembers. Many commercial organizations have adopted the policy of supporting established professional organizations. We hope many more will do so in the future, as the result of our goodwill efforts. To our membership especially, it is important that you show your appreciation to the concerns which assist organized Chiropody-Podiatry through the medium of good service, advertising and the taking of exhibit space at our meetings, by patronizing them on every possible occasion. The benefits reaped will be shown by increased advertising in our journal. With a greater amount of revenue from this source we shall be able to enlarge our publication and add many new features, now prohibited for reasons of economy. This should be a logical reason to every practitioner for offering whole-hearted cooperation to the firms whose records of consistent support have aided our advancement.

It is unfortunate that some of our publications apparently do not realize the value of a united front in helping the advertiser to secure the widest possible distribution of his product. High pressure methods of soliciting advertising do not become the dignity of our vocation. Disparaging messages to advertisers about any of our publications simply cause us to lose face among the firms with which we do business. A professional periodical must display some degree of restraint in its efforts to secure revenue or build circulation, otherwise our concept of ethics becomes endangered. If those institutions or publications which are guilty of the practices set forth here fail to desist in employing such methods they must face the justifiable condemnation of every member of our profession. Recently, we uncovered one of the most unscrupulous attempts in the history of modern Chiropody to place our journal in an unfavorable position in the eyes of its advertisers. The Committee on Commercial Relations will pursue every necessary step to combat irresponsible practices of this type. Years of struggle to elevate the standards of our organizations, institutions and publications cannot be sacrificed to line the coffers of mercenary groups. On this issue our Committee is extremely alert.

We hope to see all of our commercial and industrial friends represented at the Minneapolis Convention, where we can tangibly demonstrate our friendship to them. To our members and non-members, we quote the words of our Editor, when recently addressing a regional meeting in New York City—they apply to this matter as to all issues which confront us—he said, "Stick together or be stuck."

S. 1459 REPORTED OUT BY SENATE SUBCOMMITTEE ON MILITARY AFFAIRS

Dr. L. A. WALSH
Chairman Defense Committee

On April 3, 1942, the Senate subcommittee headed by Senator Edwin C. Johnson, of Colorado, reported S. 1459 to the Military Affairs Committee on a whole. The Bill was reported out "on its merits." After some discussion, the Chairman of the Committee, Senator Robert R. Reynolds, of North Carolina, and Senator Johnson were appointed to investigate the possibilities of rewriting or amending the Bill to make it acceptable to the War Department. The Defense Committee has been actively engaged on this matter for the past two months and hopes to report that a basis for compromise with the Surgeon General will be reached in the near future. Funds are still needed to carry on the program to a successful conclusion. Please send your contribution to Dr. Wm. J. Stickel, 3500 14th Street, N.W., Washington, D. C. Copies of the printed report of the Senate Hearing are available at fifty cents each.

FROM THE EDITOR'S DESK

Since the number of national publications serving our profession are few, we try to provide space for as many authors as possible. We also, attempt to avoid duplication of articles in The Journal and other publications. For these reasons The Journal wishes to inform writers that it is interested in obtaining only original articles for publication. If authors submit their manuscripts to The Journal and are informed their material has been accepted, we expect them to await its appearance in print. Naturally, we feel that The Journal should be the publication of first choice by the members of the National Association of Chiropodists, who wish their items published. By following this procedure, our national periodicals will each present only original major articles, thereby, offering to the profession at large a greater number, and a more diverse selection of interesting articles. The Journal is the official publication of our profession, and as such, is entitled to first consideration in the presentation of scientific articles to our membership.

We have recently received copies of the "BOLOTIN OFICIAL DEL COLEGIO NACIONAL DE CIRUJANOS-PEDICOS" edited and published for the chiropodists of Cuba. It is a pleasure to observe the progress of chiropody in our neighboring republic, and we extend to the editors our good wishes and offer of cooperation.

If you do not keep a permanent file of The Journal, pass your copy on to a non-member after reading it.

REPORT OF THE STUDENTS ADVISORY COMMITTEE

WILLIAM J. STICKEL, D.S.C.
Washington, D. C.

THE PROBLEMS which have beset students in the various colleges of chiropody-podiatry during the term of our Committee's service, were concerned in practically all instances with student relationship to the Selective Service Act. Assistance and advice were given two hundred and fifteen students by personal communication. We interviewed fifty-one students personally and we furnished information to twenty-nine parents upon request.

In nearly every case, effort was made to secure deferment from military service until the student had completed his current year of attendance. We succeeded in about fifty per cent of the cases involved. Twenty-nine of the total number of requests for aid came from students in non-accredited schools. Problems presented to the Chairman of this committee which dealt with educational matters were referred to the Council on Education.

Due to the fact that the types of information requested either fell within the province of the Editor of the JOURNAL, the Council on Education, or the Defense Committee, it is recommended that the Students Advisory Committee be abolished. The Executive Secretary is in a position to handle or refer the bulk of all matters coming under the Committee's jurisdiction for appropriate action.

• • •

OVER 2,000,000 TO RECEIVE FIRST AID CERTIFICATES

FIRST-AID-CONSCIOUS America continues to train for possible war emergencies in numbers which dwarf the training figures for the war years of 1917-18.

By, June 30, the American Red Cross predicts it will have issued First Aid Certificates, marking the successful completion of training, to more than 2,000,000 students. During 1917-18 the number receiving certificates was 54,611.

• • •

WALTER L. BOMER ELECTED A DIRECTOR OF BRISTOL-MYERS CO.

WALTER L. BOMER, Vice President in Charge of Foreign Sales for Bristol-Myers Company, was elected to the Board of Directors, it was announced at the annual stockholders' meeting held in Wilmington, Delaware, April 7th.

Mr. Bomer joined the Bristol-Myers Company as an office boy in 1905 at the age of sixteen. He moved steadily into increasingly important work such as filing clerk, statement clerk, and payroll clerk, and five years after joining the Company, he was placed in charge of credits and collections in the financial department. Ultimately he was assigned to work in the export phase of the Company's business.

In private life he is also very active, belonging to some thirteen trade and fraternal organizations. He is a past president of the Export Managers Club, board member of the Export Advertising Association, member of the Board of Governors of the Circumnavigator's Club, Academy of Political Science, and of the Foreign Policy Association.

• • •

SUGGESTIONS FOR FIRST AID KIT

DR. J. S. LUNDY, of the Section on Anesthesia of the Mayo Clinic, suggests that a strong box or container should provide space for the following material:—

Four packages of 1-inch roller bandage

Four packages of 2-inch roller bandage
Three 3-inch bandage compresses, each in a sealed envelope
Three 1-square yard pieces of sterile gauze, each in a sealed envelope
Two triangular bandages, each in a sealed envelope
Six 1-inch compresses on adhesive, each in a sealed envelope
Two rolls of 2-inch adhesive tape
One inelastic tourniquet
Six iodine ampules
One large tube of ointment for burns
One large tube of sterile vaseline
One package of aspirin tablets
Two fluidounces of aromatic spirits of ammonia
One pair of scissors
One 3-inch forceps for removing splinters
Six wire or thin board splints
One paper of 2-inch safety pins
One strong jackknife, boy-scout type
One chemical heating pad (the water necessary to start this pad operating can be obtained from an automobile radiator if water is not available otherwise)
Paper cups

Nearly everyone who assembles a kit of the general nature of the one just outlined will add or subtract from the list given. A flashlight should always be available. It should be remembered, that if liquids are added to the kit they must be such as will not freeze in temperatures to which the kit may be subjected.

The box, with its contents, should be kept in a bag made of a tough material, impervious to dust, and the bag should be tied at the neck. If materials added to the kit from time to time make the total bulk too large for the metal box, articles which are not easily damaged (such as the chemical heating pad, splints and hardware) can be wrapped or thrust into another bag beside the box.

• • •

TREATISE ON CORNS, BUNIONS and DISEASES OF THE NAILS

LEWIS DURLACHER
London, England, 1845
(Chiropodist by special appointment to Queen Victoria)

Chapter IV. *(Soft Corns)*

ANOTHER FORM of neuralgic affection occasionally attacks the plantar nerve on the sole of the foot, between the 3rd and 4th metatarsal bones, but nearest to the 3rd, and close to the articulation with the phalanx. The spot where the pain is experienced can at all times be exactly covered by the finger. The pain which cannot be produced by the mere pressure of the finger, becomes very severe whilst walking or whenever the foot is put to the ground.

The complaint appears to me to be very similar to that which I have just described, and I cannot assign any cause for its occurrence. Relief can only be afforded by the application of lateral compression, a strip of plaster about an inch wide being drawn tightly over the foot and round the sole. I believe this application acts by drawing the metatarsal bones closer, and thus affording protection to the affected nerve, which when the parts are capable of expansion, is more exposed to pressure.

R. C. Elmslie, F.R.C.S., Orthopedic Surgeon at St. Bartholomew's Hospital, said of the above paragraph, "This is a very fine description of Morton's metatarsalgia written 35 years before Morton described it."

TEMPLE UNIVERSITY SCHOOL OF CHIROPODY ACCELERATES COURSE

THE SCHOOL OF CHIROPODY of Temple University announces their adoption of an accelerated program in which the regular four year course leading to the Doctor of Surgical Chiropody degree will be completed in four eight months' terms, utilizing summer vacation periods. This course will begin July 1, 1942.

The incoming freshman class will register July 1, 1942 instead of September as had been the custom heretofore. This class will be graduated February 15, 1945.

State Society News

MINNESOTA

THE REGULAR MEETING of the Minnesota Association of Chiropodists was held on Thursday, April 9, at the Lowry Hotel in St. Paul.

After the usual state committee reports were made, the N.A.C. convention committees reported. Every committee is working full capacity.

An interesting, instructive and entertaining convention will be in store for all those who attend.

The scientific exhibits alone will make the convention well worth attending. Dr. George W. Nelson of Minneapolis expects to have his talking film on foot health education ready at that time.

Dr. Paradis of Minneapolis, who is in charge of entertainment says that those attending will be well entertained in spite of the war.

Two more Minnesota Chiropodists have enlisted in the armed forces:

Private Claude Arthur Bell—Platoon 4, Co. D, 57th Medical Trg. Bn., and

Private Max Broude — Platoon 3, Co. B, 52nd Battalion, Medical Reserve Training Corps.

Both are at Camp Barkeley, Texas.

UTAH

THE UTAH STATE ASSOCIATION of Chiropodists monthly meeting was held the last Thursday in March at Dr. W. G. Greenwell's office in Ogden, Utah at 7:30 p.m. The new officers for the coming year were installed into their respective offices which are as follows:

President — Dr. W. S. Swanson, 2457 Washington Blvd., Ogden, Utah.

Vice-President—Dr. M. J. Marshall, Utah Savings & Trust Building, Salt Lake City, Utah.

Secretary—Dr. M. C. Mason, 109 East Broadway, Salt Lake City, Utah.

Treasurer—Dr. W. G. Greenwell, 2436 Washington Blvd., Ogden, Utah.

Dr. Swanson presided and the immediate business was finished at 9:00 p.m. Following the immediate business a motion was made that the Utah meetings be held every other month instead of each month due to so many of the members participating in the capacity of air raid wardens and first aid workers.

NEW JERSEY

FEATURED by one of the most delightful banquet programs ever presented to a chiropody audience, the 1942 New Jersey convention, despite adverse weather and the handicap of general war conditions, was an outstanding success.

Those who were present at the annual banquet at the Ambassador in Atlantic City on Saturday evening, March 28th, will long remember the clever wit of Walter O'Keefe and the stirring address on Nazi mass-psychology by Colonel W. Stewart Roddie, C.V.O., both of whom appeared by courtesy of the American Theater Wing of the U. S. Defense Savings Staff.

Colonel Stewart Roddie, a member of the 1919 Disarmament Commission, who has lived in Russia, the Malayan states, India, China and Japan and who saw service in both world wars has met Hitler on two occasions. His dramatic description of these occasions was so vivid and stirring that complimentary messages and telegrams flooded both the hotel and the radio station over which his speech was broadcast.

Following the principal address, suitably inscribed plaques were formally awarded to Dr. Nicholas Von Shill and to Dr. Maurice J. Lewi who was unable to be present, for outstanding services to the profession.

The scientific program was so scheduled as to avoid congestion or overlapping permitting ample time for visits to the hall of science and to the commercial exhibits which while not as numerous as on pre-war occasions were as interesting and well patronized.

After a day of terrific storms that swept the entire state and prevented hundreds of prospective guests from Sunday attendance, a goodly crowd nevertheless attended the annual fellowship supper in the evening. Following the supper relaxation and entertainment were provided in the Ambassador's well-known "22" Club.

With the return of sunshine on Monday morning the remainder of the scientific program was completed, the ladies visited and were entertained at the famous Renault Winery and the afternoon was devoted to general jollification in the salt pool where the committee cavorted about in oversized bathing suits of the gay '90 period. Homeward bound all agreed that in spite of the many obstacles encountered in its presentation the 1942 conclave had been one of the most enjoyable ever held.

* * *

THE CONVENTION of the Chiropodists Society of New Jersey, at the Ambassador Hotel, Atlantic City, N. J., was rated a great success by all who attended. A fine program was provided for the ladies in addition to the regular program which is listed here:

Dr. J. E. Stricker, Come On Chiropody
Dr. M. Gottlieb, Nail Conditions
Dr. W. Dornstreich, Importance of Diagnosis
Dr. E. Soifer, Modern Chiropody
Dr. R. K. Locke, Muscle Stretching
Dr. H. L. Collins, Verruca
Dr. H. C. Stohl, Diagnosis and Treatment
A. J. Sindoni, M. D., New Approach to a Common Disease
B. I. Comroe, M. D., What Can Be Done for the Arthritic
Dr. Jos. Horowitz, Orthopedic Bio-Dynamics
Richard Heller, M. D., Varicose Veins

Other features included a Chiropody Forum and a Fellowship Supper. Worthy of mention was the comprehensive radio and publicity program which was arranged in connection with the meeting.

Drs. L. A. Walsh, C. Turchin, and Executive Secretary Stickel represented the Defense Committee at the convention, and expressed their thanks to the many

practitioner's who made contributions to the Defense Fund.

The following were elected officers of the Society for 1942-43:
President, Dr. James C. Osborne
Vice-President, Dr. Joseph M. Funston
Vice-President, Dr. Avner Robinson
Secretary, Dr. Nathan Lambert
Treasurer, Dr. Louis Perlman
Scalpel Editor, Dr. Alberg Kilberg
N.A.C. Delegate, Dr. Jonas Morris
N.A.C. Alternate, Dr. Jack Behar
Council, Dr. A. Mathilde Miller
Alternate Council, Dr. George J. Deyo

CALIFORNIA

THE CALIFORNIA Chiropody Defense Corps is now a functioning unit of the Civilian Defense Program. This organization was founded under the auspices of the California Association of Chiropodists (Northern Division). Both members and non-members are eligible for membership. Chiropodists have been assigned to Disaster Relief Centers by the Medical Director of the San Francisco Chapter American Red Cross. The San Francisco County Medical Society approved this action. Many of the members have completed their First Aid Courses and are now eager to become instructors.

Chiropodists throughout the state and the country are encouraged to form similar organizations. Two special lectures have been given to the group and others are planned: "Treatment of Fractures and Plaster of Paris Casting" by E. R. Schottstaedt, M.D. and "Treatment of War Wounds" by L. M. Montgomery, M.D., both of the University of California Medical Center.

DR. CHAS. R. BRANTINGHAM and Miss Lila Carolyn Price of Long Beach, California, were married in the Bay Shore Congregational Church on March 27, 1942. Dr. Brantingham is now on active duty with the U. S. Navy.

ALABAMA

THE ALABAMA ASSOCIATION of Chiropodists held its annual meeting Sunday, March 22nd in the Whitley Hotel at Montgomery. Election of officers resulted in the unanimous selection of Dr. William J. AuCoin of Mobile for President to succeed Dr. George E. Clark of Birmingham, who has served the Association as its capable executive head for three consecutive, constructive years. Dr. George W. Benitez of Anniston was elected Vice-President, succeeding Dr. W. L. Draper, Birmingham, Dr. A. R. Carlisle, Montgomery, Parliamentarian, Dr. A. L. Sealy, Montgomery, Treasurer and Dr. Elizabeth P. Sealy, Montgomery, reelected State Secretary and Council-member to the N.A.C. The latter was selected for Delegate to the National Convention in August in Minneapolis, Minnesota, with Dr. W. M. AuCoin of Mobile as Alternate.

Dr. S. N. Coleman, Dothan, was welcomed by the assembly as a new member both of the State and National Associations.

The Committees who promoted the recent Southeastern Dixie Zone Convention in Mobile, February 14th and 15th made a financial report and showed a profit over expenditures proving the conclave to be a monetary as well as a scientific success. A check for pro rata share of the profit was forwarded the Secretary-Treasurer of the Dixie Zone, Dr. George D. Scherer, Memphis. The Assembly voted to make application to the Federation of Chiropody-Podiatry Examining Boards of the U. S. for membership of the two Chiropody members of the Alabama Medical Board of Examiners, Dr. George E. Clark of Birmingham and Dr. A. L. Sealy of Montgomery.

Dr. and Mrs. E. Clark were the

recipients of many congratulations on the birth of a baby daughter.

KENTUCKY

THE KENTUCKY ASSOCIATION of Chiropodists met in Louisville, Kentucky, March 22, at the Brown Hotel. The business meeting was called to order by Vice-President Dr. Raedden at 10:30 A.M. following which a general discussion was held. Luncheon was served in the hotel. The date for the next meeting was set for June 14, 1942.

CONNECTICUT

THE QUARTERLY MEETING of the Conn. Chiropody Society was held at the Hotel Bond in Hartford on Sunday, April 12, 1942.

The meeting was called to order by Pres. Swanson, with most of our membership being present.

The following names were voted into membership, unanimously by the members present, into the Society as follows: Lucien J. Dennis and Ralph E. Sansone of Hartford; John B. Shea of Thompsonville; Francis J. Gavlas of Stratford; Aaron Roffman of Fairfield; Philip Fightlin of New Haven; Harold Levey of Danbury. The name of Judith Sohn of Norwich was brought up for membership, her name to be voted on at the July meeting.

Reports from the various committees followed and Dr. Shea presented a copy of the new certificate which was accepted unanimously by the membership to be printed and distributed at our next meeting. The certificates to be numbered for record keeping.

An amendment to the By-Laws was also voted unanimously which reads as follows: "no member of the Conn. Chiropody Society is permitted to use any other term, name or synonym other than *Chiropodist* or *Podiatrist* or the combination of *Chiropodist-Podiatrist* or either one of these words separately, this to become effective Jan. 1, 1943. All new applicants for membership into the Society must abide by this ruling before their application can be considered for such membership."

At the suggestion of Dr. Cohen, present Convention chairman, it was decided upon to withold from having any more conventions in this State for the duration of the War. Instead at each quarterly meeting, a whole day session will be held, one half of which will be devoted to the business session and the remainder to a Scientific Session.

The next meeting is to be held on July 12, 1942 at the Hotel Taft in New Haven. Drs. Morico, Davis and Brand are in charge of arrangements.

All non-members are invited to attend the Scientific Session which is to be held at our July meeting.

OBITUARY

BEATRICE MADIEFSKY JACOBS, age 41, passed away March 21, after a brief illness, at her residence at 3017 Lawrence Ave. Surviving are her husband, Dr. Joseph J. Jacobs; sons, Ramson D., Samuel N., and daughter, Luba Beth; sister, Mrs. David Robinson, and brother, Gilbert Madden.

Mrs. Jacobs was treasurer of the Home Relief Society and a member of the Sisterhood of Temple Beth El, National Council of Jewish Women, Jewish Congress, Hadassah, Woman's Auxiliary of the Michigan Chiropody Society.

Ira Kaufman conducted the funeral, with services at Temple Beth El and burial at Clover Hill Park Cemetery.

NEW YORK

A Regional Conference of the National Association of Chiropodists, was held at the Hotel Pennsylvania on April 19th. The following program was presented:

Introduction—M. J. Lewi, M.D.

Fatigue and Disability Arising from Foot Conditions — Marvin Steinberg, Pod. G.

Accident Prevention and the War —Mr. W. J. Simon, Representative of the Greater New York Safety Council, Inc.

Program and Activities of the Division of Industrial Hygiene — H. Heiman, M.D., Representative of the Division of Industrial Hygiene, New York State Department of Labor.

Foot Health and the Defense Program of the National Association of Chiropodists — William J. Stickel, D.S.C., Executive Secretary of the N.A.C.

* * *

The Alumni Association of the First Institute of Podiatry, Long Island University, held its regular meeting at the Institute on April 12th.

The following program was presented:

Local Anesthesia, R. H. Gross M.Cp.
Mortons Neuralgia, J. J. Slevin Pod. G.
Verruca, R. Tassini Pod. G.
Vascular Diseases, J. Alexander M.D.
Dermatologic Lesions, R. M. Montgomery, M.D.
Orthopedic Manifestations in the Feet, J. Grossman M.D.
New Ointment Bases, H. L. Goldwag M.Cp.

WISCONSIN

Mr. Clyde Ashard, friend of the profession and brother of Dr. Ula Ashard, of Milwaukee, died at the age of seventy-seven, on April 8, 1941.

The Wisconsin State Convention is scheduled to be held in Milwaukee on October 3, 4, 5, 1942.

INDIANA

The Indiana Association of Podiatrists, held its annual convention in South Bend on April 15th and 16th. The program was dedicated to the Past Presidents of the association. Many valuable prizes were offered to those who were among the excellent group who attended the affair. The Scientific Program was as follows:

Skin Lesions of the Foot and Leg,
David Cohen, M.D.
General Surgery of the Foot,
Walter Baker, M.D.
Diagnosis of Foot Ailments,
Ralph Fowler, D.S.C.
X-Ray Readings and Diagnosis,
M. J. Thornton, M.D.
Application of Business Principles in Building a Sound Practice,
James Robinson

The Convention arrangements were in charge of Drs. O. J. Grundy, H. R. Fraser, M. B. Klosowski, M. Boles, and A. C. Everly, all of South Bend.

A Ladies Auxiliary was formed and a special program for the ladies attending the meeting was provided.

Dr. E. P. Durkin of Chicago, President Elect of the N.A.C., addressed the group attending the convention banquet on the subject, "The Program of the N.A.C."

PENNSYLVANIA

Eastern Division

The regular meeting of the Eastern Division of the Pennsylvania Chiropody Society was held at the Hotel Adelphia, March 10. Dr. Imrie, presiding, introduced Mr. McKenzie of the Salvation Army, who described the activities of that organization. Dr. Esther M. Bleshman was elected to associate membership. Dr. Krausz spoke about chiropodists who have been inducted into the Army. The Division endorsed the Salvation Army Campaign.

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PENNSYLVANIA

Western Division

THE WESTERN DIVISION Chiropody Society of Pennsylvania held its regular monthly meeting Thursday, April 9th, at the William Penn Hotel.

The guest speaker of the evening was Mr. Houston, our First Aid instructor. Mr. Houston, who was introduced by Dr. Schultz, gave an interesting talk on laboratory work.

A round table discussion on radio programs for the State Convention was had.

The Western Division was invited to cooperate with the Northwestern Division meeting held Sunday, April 12th. A motion was made and passed to dismiss First Aid class scheduled for this Sunday in order that members attend the above meeting.

A motion was made and passed that the treasury finance the room rent for the First Aid Classes.

A communication received from Dr. Gus Braun with regards to Chiropodists in the Navy was read by Dr. B. C. Egerter.

A special meeting of all chairmen of the convention was held after the regular meeting.

ILLINOIS

DR. V. S. HALL of Waukegan lectured on "Modern Office Procedure" at the regular meeting of the Illinois Association of Chiropodists held April 15th at the LaSalle Hotel. The following officers were elected for the year 1942-43 at the recent Chicago convention:

Dr. V. S. Hall, President
Dr. T. B. Bowen, Vice President
Dr. H. L. Emiley, Secretary
Dr. C. F. Roberts, Treasurer
Dr. C. G. Bergmann, Sgt.-at-Arms
Dr. M. P. Swiech, Jr., Scientific Chrm.
Dr. H. Berkove, Membership Chrm.
Dr. M. R. Udell, Ethical Relations Chrm.
Dr. G. Guenzler, Educational Chrm.
Dr. C. Andreasen, Legislative Chrm.
Dr. I. M. Sward, Proctoring Chrm.
Dr. P. Brachman, Public Rel. Chrm.
N.A.C. Delegates, Dr. E. Durkin, Dr. C. Meyer, Dr. C. F. Roberts
N.A.C. Alter. Del., Dr. H. L. Emiley, Dr. G. Guenzler, Dr. I. M. Sward
N.A.C. Councilman, Dr. E. Durkin

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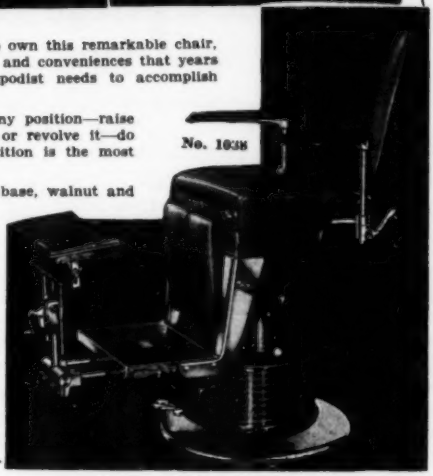

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ILLINOIS WOMEN'S AUXILIARY

As A PART of the Auxiliary activities during the State Convention held at the LaSalle Hotel, Chicago, Illinois, visiting wives of chiropody were met and entertained by the Auxiliary women and were invited to attend the open business meeting, at which election of officers for the coming year was held.

The following officers were elected—
President—Mrs. Hall
1st Vice President—Mrs. Linquist
2nd Vice President—Mrs. Custer
Recording Secretary—Mrs. Kohl
Corresponding Secretary—Mrs. Lurie
Treasurer—Mrs. Purgett

The Women's Auxiliary and visiting ladies are promised a rare and sincere treat for the April meeting. Dr. Victoria Pierce, of Racine, Wisconsin, has graciously consented to speak to the members and guests about her work on foot health survey in public schools—a project on which the Illinois Women's Auxiliary is planning to work in near-future activities.

The Chicago group of the Auxiliary wishes to take this opportunity of thanking the attending group of Indiana women for their kind attention and courteous consideration. We wish them luck on their organization.

MASSACHUSETTS WOMEN'S AUXILIARY

THE REGULAR MEETING was held March 10 at the Statler Hotel. Various programs undertaken by other groups were discussed. The gift boxes to be sent to Massachusetts Chiropodists in service will contain cigarettes, soap, shaving cream, cookies, candy and cake. A Spring party is planned at the Foodcraft Center in the near future.

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OBITUARY

THE UTAH STATE Association of Chiropodists announces with great regret, the passing on of one of our fellow members, Dr. W. F. Compton of Salt Lake City, Utah. His death on March 13, 1942, followed a long illness.

Dr. Compton has been an active member in the State and National Society for the past ten years. Among his contributions to the State Society was the pioneering of the State Chiropody Bill through its passage in Utah in 1931. Dr. Compton has been in the practice of Chiropody for the past twenty-four years in the State of Utah.

The Association will miss his valuable assistance and active association in the field of Chiropody both locally and nationally.

MEMBERSHIP
IN THE
NATIONAL ASSOCIATION
OF
CHIROPODISTS
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JOIN NOW

E. P. Durkin, Chairman
Organization Committee
841 E. 63rd St.
Chicago, Ill.

Conventions, 1942

May 29-30-31

Chiropody Society of Pennsylvania
Hotel William Penn, Pittsburgh

July 3-4-5

Chiropody Society of Texas
Houston, Texas

August 3-4-5

Podiatry Society of New York, Gramatan Hotel, Bronxville, Westchester

August 15-20

National Association of Chiropodists
Hotel Nicollet, Minneapolis, Minn.

October 3-4-5

Wisconsin Chiropody Society, Milwaukee

October

Iowa State Podiatry Association, 2nd Surgical Congress
Des Moines, Iowa.

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• • •

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J. McGuaran
H. Goldman
C. Brady
P. Davis
D. Kauffman
C. Johnson
A. L. Hubby
R. G. Hubby
R. W. Feldhouse
Women's Auxiliary
G. C. Horsman

MARYLAND

J. Ostroff
R. J. Hill

ILLINOIS

W. Blaine
E. Hillinger
Students Ill. College of Chiropody
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RHODE ISLAND

THE REGULAR MONTHLY MEETING of the Rhode Island Chiropodists Society was held on Wednesday evening, April 8, 1942 at the Biltmore Hotel in Providence. Dr. Harry I. Goldmann presided.

After the business meeting the scientific chairman, Dr. E. L. Davis, introduced Dr. J. L. Hamilton of Cranston, Rhode Island, who lectured on "The making of plastic appliances."

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CALIFORNIA CONVENTION

THE CALIFORNIA ASSOCIATION of chiropodists will hold their Twenty Third Annual Convention at Hotel Del Monte, Del Monte, California, on May 29, 30 and 31, 1942.

Conventions and meetings of the members of every profession and industry are an essential at all times and especially at the present time, when this great country of ours is in the throes of war. All of us, big and small, must do all we can to further the war effort of The United States; so that the enemy will be put down. To accomplish this feat, conferences must be held that members may exchange views and ideas; demonstrations of developments and techniques must be brought forth, and only through the medium of conventions will these plans materialize.

The California Association is planning the greatest convention of chiropodists ever to be held in the West. The site chosen for this meeting is the world famous Hotel Del Monte, featuring superb food and service on the American plan, and embracing a host of indoor and outdoor sports. Del Monte is located one hundred and twenty-five miles south of San Francisco on the picturesque Monterey Bay. Nearby is historic Monterey; while four miles over the hill is quaint Carmel-by-the-Sea, noted for its colony of authors and artists.

The scientific sessions are to be unsurpassed. The lecturers have been well chosen for their accomplishments and abilities. Their subjects and topics will be of great interest to the members, in that they will be able to carry home many practical lessons that can be used in routine office practice. In addition to the program comprising civilian entities, many phases of chiropody in relation to the armed forces will be discussed under *Military Chiropody*.

No convention is complete or considered a success without its social activities. There is no better or more appropriate place to renew old acquaintances and start lasting friendships than at such a meeting as this. The entertainment committee has outlined its plans with great consideration for the comfort and convenience of all members and guests attending the convention. In addition to the annual dinner-dance a tour of the famed seventeen-mile drive has been planned for the ladies with luncheon at Del Monte Lodge at Pebble Beach.

The scientific lectures and demonstrations have been so arranged that they will be presented on schedule. There will be no waste of time, as the supply-house exhibitors will display their merchandise in a thoroughfare leading to and from the lecture halls.

In conclusion; we have tried to bring into play every possible phase to make your stay profitable and enjoyable, and are extending an invitation to every chiropodist far and wide to attend the California Association Convention—

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MASSACHUSETTS

THE MASSACHUSETTS Chiropody Association included a pledge card to be filled out and returned to Dr. M. Garland, 81 Merrimack Street, Haverhill, Massachusetts, Keyman for the N.A.C. Defense Committee, in its April issue of Footnotes.

This type of cooperation is greatly appreciated by the national committee.

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